



FORM 490
1987

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT AND ONG FORM

CONSOLIDATED CAMPAIGN STATEMENT
(Government Code Sections 84200-84217)
Type or Print in Ink

Statement covers period 7/1/87 through 12/31/87

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.

- ☐ PRE-ELECTION STATEMENT
☒ SEMI-ANNUAL STATEMENT

☐ SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

RECEIVED

JAN 20 PM 12:10

ALICE M. REYNOLDS
CITY CLERK
CITY OF LODI

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

TOTAL PAGES:

A

OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER

John R. Snider

OFFICE SOUGHT OR HELD (Include location and district number if applicable)

City Council Member

RESIDENTIAL ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE / PHONE NUMBER

2328 Brittany Lane Lodi CA 95242 (209) 334-1610

BUSINESS ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE / PHONE NUMBER

301 S. Ham Lane, Suite A Lodi CA 95242 (209) 333-0900

II CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT (IF APPLICABLE)

NAME OF COMMITTEE:

Committee to Elect Randy Snider

I.D. NUMBER

820693

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE / PHONE NUMBER

2328 Brittany Lane Lodi CA 95242 (209) 334-1610

NAME OF TREASURER:

Stephen C. Snider

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE / BUSINESS PHONE NUMBER

1111 W. Tokay Street Lodi CA 95240 (209) 334-5144

NAME OF COMMITTEE:

I.D. NUMBER

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE / PHONE NUMBER

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE / BUSINESS PHONE NUMBER

* A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.

Attach additional information or appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	NO

Attach additional information on appropriately labeled continuation sheets.

CANDIDATE OR OFFICEHOLDER:

VERIFICATION

I have used all reasonable diligence and, if one or more controlled committees are included in this report, to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/88 at Lodi, California by John R. Snider
(Date) (City and State) (Signature of Candidate or Officeholder)

TREASURER(S) (if applicable):

I have used all reasonable diligence in preparing this Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/88 at Lodi, California by Stephen C. Snider
(Date) (City and State) (Signature of Treasurer)

Executed on _____ at _____ by _____
(Date) (City and State) (Signature of Treasurer)

**CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 420 OR 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

FROM THROUGH

7/1/87

12/31/87

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Committee to Elect Randy Snider

I.D. NUMBER (IF COMMITTEE)

820693

	COLUMN A Cumulative total from previous period *	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
CONTRIBUTIONS RECEIVED			
1. Monetary contributions	\$ 0.00	\$ 0.00 SCHEDULE A, LINE 3	\$ 0.00
2. Loans received	0.00	0.00 SCHEDULE B, LINE 7	0.00
3. SUBTOTAL CASH RECEIPTS	\$ 0.00 LINES 1 + 2	\$ 0.00 LINES 1 + 2	\$ 0.00 LINES 1 + 2
4. Non-monetary contributions	0.00	0.00 SCHEDULE C, LINE 3	0.00
5. TOTAL CONTRIBUTIONS WITHOUT PLEDGES	0.00 LINES 3 + 4	0.00 LINES 3 + 4	0.00 LINES 3 + 4
6. Pledges	0.00	0.00 SCHEDULE D, LINE 7	0.00
7. TOTAL CONTRIBUTIONS	0.00 LINES 5 + 6	0.00 LINES 5 + 6	0.00 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)
EXPENDITURES MADE			
8. Payments	\$ 0.00	\$ 0.00 SCHEDULE E, LINE 5	\$ 0.00
9. Loans made	0.00	0.00 SCHEDULE EE, LINE 7	0.00
10. SUBTOTAL	0.00 LINES 8 + 9	0.00 LINES 8 + 9	0.00 LINES 8 + 9
11. Accrued expenses (unpaid bills)	0.00	0.00 SCHEDULE F, LINE 5	0.00
12. TOTAL EXPENDITURES	\$ 0.00 LINES 10 + 11	\$ 0.00 LINES 10 + 11	\$ 0.00 LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)

* IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR UNPAID LOANS RECEIVED, PLEDGES, OUTSTANDING LOANS MADE AND UNPAID BILLS (LINES 2, 6, 9 AND 11).

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on Hand at Closing Date" from previous statement filed.)	\$ 931	
14. Cash receipts this period (Line 3, Column B above)	0	
15. Miscellaneous adjustments to cash (Schedule G, Line 8)	+16	
16. Cash payments this period (Line 10, Column B above)	0	
17. Cash on hand at closing date (Lines 13 + 14 + 15 - 16 above)	\$ 947	ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
18. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse	\$ 0	
19. Outstanding debts (Line 2 + Line 11 of Column C above)	\$ 0	

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 thru 6/30	7/1 to date
20. CONTRIBUTIONS RECEIVED:		
21. EXPENDITURES MADE:		

SCHEDULE G

**MISCELLANEOUS ADJUSTMENTS TO CASH POSITION
FORM 420 OR 490**

(Amounts May Be Rounded To Whole Dollars)

PAGE 3 OF 3

STATEMENT COVERS PERIOD	
FROM	THROUGH
7/1/87	12/31/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

DATE	NAME AND ADDRESS OF SOURCE (IF RECEIPT) OR PAYEE (IF EXPENDITURE). (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER.)	DESCRIPTION OF ADJUSTMENT	AMOUNT OF	
			INCREASE TO CASH	DECREASE TO CASH
		Reconciliation Adjustment	\$16	
<input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules G			SUBTOTAL	
			(a) \$16	(b)

SUMMARY

1. INCREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (a))	\$	
2. INCREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized)	16	
3. TOTAL OF ALL INTEREST RECEIVED THIS PERIOD ON LOANS MADE TO OTHERS (Schedule EE, Part 2 (b))	0	
4. TOTAL INCREASES TO CASH THIS PERIOD (Line 1 + 2 + 3)		16
5. DECREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (b))		
6. DECREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized)		
7. TOTAL DECREASES TO CASH THIS PERIOD (Line 5 + 6)		
8. TOTAL MISCELLANEOUS ADJUSTMENTS TO CASH THIS PERIOD (Line 4 minus Line 7) Enter here and on Line 15 of Summary Page		\$ 16

(May be negative figure)